

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/19/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17E015	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 11/19/2013
NAME OF PROVIDER OR SUPPLIER GRISELL MEMORIAL HOSPITAL LTCU			STREET ADDRESS, CITY, STATE, ZIP CODE 330 S VERMONT PO BOX 268 RANSOM, KS 67572		
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{F 000}	INITIAL COMMENTS	{F 000}			
{F 323} SS=D	<p>The following citations represent the findings of a noncompliance revisit.</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: The facility had a census of 31 residents with 6 selected for sample. The sample included review of side rails for 3 sampled residents.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the resident environment remained free of accident hazards (unsafe gaps in side rails) for one of three sampled residents (Resident #31).</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Resident #31's 11/1/13 physicians order's included a diagnosis for dementia (progressive mental deterioration characterized by confusion and memory failure). <p>Resident #31's 8/7/13 Quarterly MDS (minimum data set) Assessment reported the resident had severely impaired decision making skills and that he/she was independent with bed mobility.</p>	{F 323}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{F 323}	<p>Continued From page 1</p> <p>Resident #31's 5/15/13 Cognitive loss and physical restraint CAA (care area assessment) summaries reported the resident had a problem with dementia and depression and side rails were used per resident request.</p> <p>Resident #31's 11/12/13 care plan instructed staff that the resident used the side rails per own request and was independent with most ADL's (activities of daily living).</p> <p>During an observation on 11/13/13 at 3:22 p.m., resident #31 sat in a wheelchair in his/her room. Resident #31's bed had one upper side rail, away from wall, in upright position. The upper rail had an outer bar with a trapezoid shape and one internal, vertical bar with two trapezoid shaped gaps that each measured 5 1/4 inches long by 6 inches wide.</p> <p>During an observation on 11/14/13 at 12:21 p.m., the diagram tool on the end of resident #31's bed stated "Hill-Rom Bad".</p> <p>During an interview on 11/14/13 at 10:20 a.m., Licensed Nursing staff C reported that resident #31 used his/her side rails for turning and was independent with transfer. Staff C further reported that all residents are assessed for side rail usage.</p> <p>During an interview on 11/14/13 at 12:13 p.m., Administrative Staff B reported that all bed have a diagram on the end of bed that state if the side rails are "good or bad". All beds were looked at by the administrator and the maintenance staff using a side rail tool to determine if the rails were good or bad (no gaps greater than FDA</p>			{F 323}			

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{F 323}	<p>Continued From page 2</p> <p>recommendations = good; gaps greater than FDA recommendations = bad). Staff B confirmed that resident #31's bed rails were in the upright position and that the resident used it for turning even though staff identified the bed as " bad. " According to Staff B, residents without cognitive impairment were allowed to use rails with gaps greater than FDA recommendations.</p> <p>During an interview on 11/14/13 at 2:15 p.m., Administrative staff A reported that all side rails on the facility beds had been measured and that if the rails did not meet the standards, but were used by a cognitive resident it was marked that way on the care plan.</p> <p>According to FDA (Federal Drug Administration) guidelines, gaps within the bedrail itself should not exceed 4 ¾ inches due to the risk of head entrapment. FDA recommendations addressed side rail use for all residents/patients, with no consideration of cognitive vs. cognitively impaired residents since side rail entrapment risk is not dependent on cognitive impairment.</p> <p>The facility failed to ensure the resident environment remained free of hazards when resident #31 continued to use side rails that had gaps in excess of FDA recommendations and therefore placed the resident at risk of entrapment</p>	{F 323}			
{F 364} SS=D	<p>483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP</p> <p>Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper</p>	{F 364}			

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{F 364}	<p>Continued From page 3 temperature.</p> <p>This REQUIREMENT is not met as evidenced by: The facility reported a census of 31 residents. Two residents received pureed diets.</p> <p>Based on observation, interview and record review, the facility failed to provide food prepared by methods that conserved nutritive value by not measuring foods or following recipes for 2 residents who received pureed diets. (#24, #2)</p> <p>Findings included:</p> <ul style="list-style-type: none"> - During an observation on 11/14/13 at 10:55 a.m., dietary staff F prepared pureed sloppy joes by adding 2 slices of bread and an unmeasured amount of sloppy joe mixture into the food processor. <p>During an observation on 11/13/13 at 11:03 a.m., dietary staff F prepared baked beans by adding unmeasured amounts of baked beans to the food processor.</p> <p>Staff F did not refer to a recipe during while preparing the pureed food items.</p> <p>During an interview on 11/14/13 at 2:40 p.m., dietary staff F reported he/she thought the spoon used for the sloppy joes " is about ½ cup " but confirmed he/she wasn ' t certain.</p> <p>During an interview on 11/14/13 at 3:40 p.m., Dietary Staff E reported the facility only obtained recipes for the food items pureed during the time of kitchen observation on the survey and did not obtain recipes for other foods served to residents</p>	{F 364}			

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{F 364}	Continued From page 4 on pureed diets.	{F 364}			
{F 371} SS=F	<p>The facility failed to provide foods prepared by methods that conserved nutritive value when staff failed to measure food and use recipes for two residents on pureed diets in order to ensure the residents received the recommended portion size/calories/nutrients.</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: The facility had a census 31 residents. The facility had one main kitchen used to prepare food for all facility residents.</p> <p>Based on observation, interview, and record review, the facility failed to store, prepare, and serve food under sanitary conditions when staff failed to properly maintain sanitation of equipment, monitor refrigerator/freezer temperatures twice daily, change gloves and wash hands between tasks.</p> <p>Findings included:</p>	{F 371}			

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{F 371}	<p>Continued From page 5</p> <p>- An observation on 11/13/13 at 4:00 p.m., revealed:</p> <p>* The small oven had moisture stains on glass and the bottom of the oven had burned food debris.</p> <p>* The back splash on the stove had dark burned on food debris.</p> <p>* The small chest freezer located in the storage area had a thick layer of frost on all sides and lacked evidence of adequate defrosting needed to maintain food quality.</p> <p>* The vent on the refrigerator had a small 'blob' of thick yellow substance on it.</p> <p>* Walk in refrigerator had onion peels on the floor and a golf ball size of unknown white debris that soiled the crevices of the mat on the floor.</p> <p>During an interview on 11/14/14 at 3:40 p.m., dietary staff E revealed that the staff was educated during an in-service about the cleaning schedule and that staff should document when it 's done.</p> <p>Review of the kitchen cleaning schedule for the month of November revealed:</p> <p>* Although the cleaning schedule directed staff to clean the dishwasher weekly, documentation indicated staff cleaned the dishwasher one time within the first 2 weeks of November.</p> <p>* Although the cleaning schedule directed staff to clean the outside wall of the ice machine, documentation indicated staff failed to clean this</p>	{F 371}			

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{F 371}	<p>Continued From page 6 area within the first two weeks of November.</p> <p>* Although the cleaning schedule directed staff to clean the inside and outside of the refrigerator weekly, staff cleaned the area only one time in the first two weeks of November.</p> <p>* Although the cleaning schedule directed staff to clean the oven canopies weekly, staff cleaned the area only one time during the first two weeks of November.</p> <p>The facility failed to maintain sanitation of the kitchen equipment/appliances.</p> <p>- An observation on 11/14/13 at 10:45 a.m. revealed the facility failed to record the temperature values for the refrigerator and freezer temperatures logs twice each day. Omissions in monitoring refrigerator and/or freezer temperatures and the milk machine temperatures were as follows:</p> <p>o Refrigerator: Staff failed to monitor temperatures 8 of 27 times during the first 14 days of November 2013</p> <p>o Milk Machine: Staff failed to monitor temperatures 7 of 27 times during the first 14 days of November 2013</p> <p>o Walk in freezer: Staff failed to monitor temperatures 6 of 27 times during the first 14 days of November 2013.</p> <p>o Walk in refrigerator: Staff failed to monitor temperatures 7 of 27 times during the first 14 days of November 2013.</p>	{F 371}			

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{F 371}	<p>Continued From page 7</p> <p>o Small freezer in the stock room: Staff failed to monitor temperatures 5 of 27 times during the first 14 days of November 2013.</p> <p>During an interview on 11/14/13 at 2:40 p.m., dietary staff F revealed that the morning cook and evening cooks are to record the temperatures.</p> <p>During an interview on 11/14/13 at 3:40 p.m., dietary staff E revealed staff should document the temperatures two times per day.</p> <p>Although, requested, a policy and procedure for recording refrigerator and freezer temperatures was not provided by the facility.</p> <p>The facility failed to properly monitor the temperatures of the refrigerator and freezers to ensure storage of foods at proper temperatures.</p> <p>- During an observation on 11/14/13 at 11:50 a.m., dietary staff F donned gloves and touched the gloves to the hot pads in order to remove a pan of sandwiches from the oven. Staff F then used the contaminated gloves to touch other food items directly, including rolls and the sandwiches.</p> <p>During this observation flies (insects) landed on desserts that lacked covering.</p> <p>During an interview on 11/14/13 at 2:40 p.m., dietary staff F revealed that he/she should change gloves between tasks during serving. Staff F also reported staff should cover the desserts with foil or some other covering to keep flies away from the food.</p>	{F 371}			

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{F 371}	Continued From page 8 During an interview on 11/14/13 at 3:40 p.m., dietary staff E revealed that staff should change gloves between tasks. Although requested, the facility failed to provide a policy related to hand washing/glove changing during meal preparation and service. The facility failed to prepare and serve food in a sanitary manner. F 520 483.75(o)(1) QAA SS=F COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff. The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies. A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section. Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.	{F 371}			

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F 520	<p>Continued From page 9</p> <p>This REQUIREMENT is not met as evidenced by: The facility had a census of 31 residents.</p> <p>Based on observation, interview, and record review, the facility failed to ensure the QAA (Quality Assessment an Assurance) committee developed and implemented appropriate plans of action to correct all identified quality deficiencies.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - During an interview on 11/14/13 at 1:49 p.m., Administrative Staff G revealed the QAA committee met monthly and met after the annual survey to discuss deficiencies and the corrections. <p>At the time of the noncompliance revisit which ended on 11/19/13, the following deficiencies remained uncorrected:</p> <ul style="list-style-type: none"> o Based on observation, interview, and record review, the facility failed to ensure the resident environment remained free of accident hazards (unsafe gaps in side rails) for one sampled resident, as cited at F323 o Based on observation, interview and record review, the facility failed to provide food prepared by methods that conserved nutritive value as related to measurement/preparation of pureed foods for two residents, as cited at F364. o Based on observation, interview, and record review, the facility failed to store, prepare, and serve food under sanitary conditions within the main kitchen, as cited at F371. 	F 520			

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F 520	Continued From page 10 The facility failed to ensure the QAA committee developed and implemented appropriate plans of actions to correct all identified quality deficiencies.	F 520			